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CONFIRMATION NO. 9175

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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/602,169 06/24/2003 ABN
which claims benefit of 60/401,466 08/06/2002 ✓ Lloyd

**** FOREIGN APPLICATIONS *******

NONE. Lloyd

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 12/01/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not Met after Allowance Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 6
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ADDRESS

25755
ROSS PRODUCTS DIVISION OF ABBOTT LABORATORIES
DEPARTMENT 108140-DS/1
625 CLEVELAND AVENUE
COLUMBUS , OH
43215-1724

TITLE

Appetite control method

FILING FEE RECEIVED 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>
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